BlueCross BlueShield Arizona

An Independent Licensee of the Blue Cross Blue Shield Association

PHARMACY COVERAGE GUIDELINES
SECTION: DRUGS

ORIGINAL EFFECTIVE DATE: 2/21/2019
LAST REVIEW DATE: 2/17/2022
LAST CRITERIA REVISION DATE: 2/17/2022
ARCHIVE DATE:

EGRIFTA® (tesamorelin acetate) subcutaneous solution kit
EGRIFTA® SV (tesamorelin acetate) subcutaneous solution kit

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Pharmacy Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

This Pharmacy Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as "Description" defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as "Criteria" defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Pharmacy Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Pharmacy Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

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This Pharmacy Coverage Guideline does not apply to FEP or other states' Blues Plans.

Information about medications that require precertification is available at www.azblue.com/pharmacy.

Some large (100+) benefit plan groups may customize certain benefits, including adding or deleting precertification requirements.

All applicable benefit plan provisions apply, e.g., waiting periods, limitations, exclusions, waivers and benefit maximums.

Precertification for medication(s) or product(s) indicated in this guideline requires completion of the request form in its entirety with the chart notes as documentation. **All requested data must be provided.** Once completed the form must be signed by the prescribing provider and faxed back to BCBSAZ Pharmacy Management at (602) 864-3126 or emailed to Pharmacyprecert@azblue.com. **Incomplete forms or forms without the chart notes will be returned.**

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EGRIFTA® SV (tesamorelin acetate) subcutaneous solution kit

Criteria:

- Egrifta (tesamorelin acetate) and Egrifta SV (tesamorelin acetate) for treatment of excess abdominal fat in patients with lipodystrophy is considered ***not medically necessary*** based upon insufficient evidence to support improvement of the net health outcome.

Description:

Egrifta (tesamorelin acetate) and Egrifta SV (tesamorelin acetate) are a growth hormone releasing factor (GRF) analogs that are indicated for the reduction of excess abdominal fat in HIV-infected individuals with lipodystrophy. They are **not** indicated for weight loss management. There are no data to support improved compliance with anti-retroviral therapies in HIV-positive patients taking tesamorelin. In addition, the long-term cardiovascular safety of tesamorelin has not been established.

Resources:

Egrifta SV (tesamorelin) injection product information, revised by Theratechnologies, Inc. 10-2019. Available at DailyMed http://dailymed.nlm.nih.gov. Accessed December 14, 2021.

Egrifta (tesamorelin acetate) injection product information, revised by Theratechnologies, Inc. 07-2019. Available at DailyMed http://dailymed.nlm.nih.gov. Accessed December 05, 2019. Product discontinued August 01,2020.